



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Quinn McQuiston	mild abdominal distension. Pt diagnosed with a liver mass previously with mild serosanguinous abdominal effusion at another clinic
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: BW from another clinic on 10/4/22 - ALP 1407, ALT 697. CBC wnl coag panel on 10/24/22 - PT 10 (6.3-13.3), PTT 19.1 (10.8-16.8) Radiographic Findings hepatomegaly per previous clinic AUS in house showed small amount of effusion and enlarged liver.
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Spitz	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
FS	
<b>AGE</b>	No evidence of medial Iliac or sublumbar lymphadenopathy/masses.
11 years	
<b>WEIGHT</b>	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were noted in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.2 cm in length.
34.2 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.49 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Sara Hansen	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. No splenic masses or nodules were noted.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Santa Clara AH	Diffuse, irregular, nonhomogeneous mass exhibiting intermittent micro to macro-cystic changes occupying the majority, if not the entirety, of the hepatic parenchyma, was present. The mass measured approximately 15.0 cm in diameter, but likely larger as the entire mass would not fit into a single window. The gallbladder was non-distended in size containing anechoic content with mild, nondependent, mildly congealed, variably echogenic, luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.
<b>REFERRING VET</b>	
Dr. Zulauf	
<b>INVOICE</b>	
15302	
<b>DATE</b>	
10/27/22	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Quinn McQuiston	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.
<b>SPECIES</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Spitz	<b><i>Pancreas</i></b>
<b>SEX</b>	The pancreas was not definitively visualized owing to the hepatic mass, as well as likely displacement owing to peritoneal free fluid.
FS	<b><i>Free Abdomen</i></b>
<b>AGE</b>	Moderate to marked volume peritoneal free fluid exhibiting mild echogenic changes, which may suggest mild fluid cellularity, was present. Generalized mild hyperechoic mesentery was noted. No overt lymphadenopathy was present.
11 years	
<b>WEIGHT</b>	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
34.2 lbs.	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b><i>Primary Findings</i></b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• Diffuse nonhomogeneous nodular to cystic hepatic mass</li> <li>• Nondistended gallbladder containing congealed variably echogenic debris (non-mucocele)</li> <li>• Moderate to marked peritoneal free fluid exhibiting mild echogenic changes</li> </ul>
Sara Hansen	<b><i>Secondary Findings</i></b>
	<ul style="list-style-type: none"> <li>• Bilateral chronic renal changes</li> </ul>
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Santa Clara AH	Although sampling is required for further assessment, the diffuse hepatic mass is suggestive of neoplastic criteria such as carcinoma, cystic biliary adenocarcinoma, or other. Benign etiology such as large cystic biliary adenoma is possible yet thought less likely.
<b>REFERRING VET</b>	
Dr. Zulauf	The effusion is suspected to be secondary to diffuse hepatic pathology and / or portal hypertension. Potential for intraabdominal seeding, i.e., carcinomatosis or similar, cannot be definitively excluded. Correlation with pending hepatic cytology +/- pathology review of effusion could be considered. Regardless, surgical options appear to be precluded in this case, given diffuse hepatic pathology. An unfavorable prognosis is indicated.
<b>INVOICE</b>	
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Quinn McQuiston

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**BREED**

Spitz

**SEX**

FS

**AGE**

11 years

**WEIGHT**

34.2 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Santa Clara AH

**REFERRING VET**

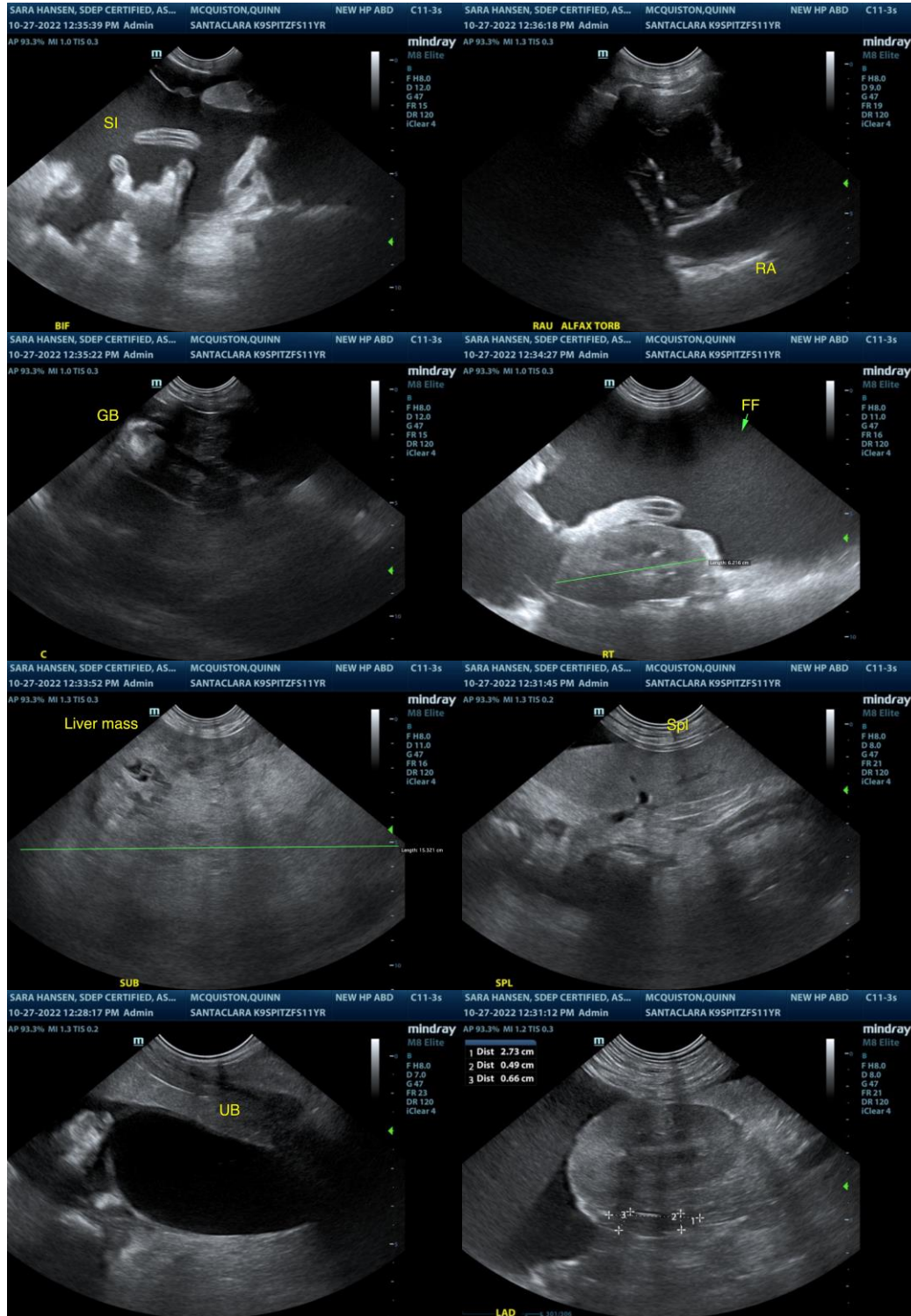
Dr. Zulauf

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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